| Application or Docket Numb  |   |  |                           |               |                     |                  |                          |          |               |                        |          |                     | ber                    |    |
|---|---|--|---------------------------|---------------|---------------------|------------------|--------------------------|----------|---------------|------------------------|----------|---------------------|------------------------|----|
| Effective October 1, 2000 09851039  |   |  |                           |               |                     |                  |                          |          |               |                        |          |                     |                        |    |
|   |   |  | SMAL<br>TYPE              | LEI           | VIIIY               | OR               | OTHER<br>SMALL I         |          |               |                        |          |                     |                        |    |
| TOTAL CLAIMS  |   |  | દુદ                       |               |                     |                  |                          | RAT      | E             | FEE                    |          | RATE                | FEE                    |    |
| FOR   |   |  | NUMBER FILED              |               | NUMBER EXTRA        |                  |                          | BASIC    | FEE           | 355.00                 | OR       | BASIC FEE           | 710.00                 |    |
| TOTAL CHARGEABLE CLAIMS   |   |  | C. Sminus 20=             |               | ·                   |                  |                          | X\$ 9    | )=            |                        | OR       | X\$18=              | 1224                   |    |
| INDEPENDENT CLAIMS  |   |  | 3 minus 3 =               |               | · 6                 |                  |                          | X40      | )=            |                        | OR       | X80=                |                        |    |
| MU  | LTIPLE DEPEN                                      | DENT CLAIM PF  | RESENT                    |               |                     |                  |                          | +135     | <br>5=        |                        | OR       | +270=               |                        |    |
| . 11  | the difference                                    | in column 1 is l   | less than zero, enter "0" |               |                     | olumn 2          |                          | TOT      | AL            |                        | OR       | TOTAL               | 1934                   |    |
|   | , CI  |  |                           |               |                     |                  | OTHER                    |          |               |                        |          |                     |                        |    |
|   | <i>عالما</i> اد                                   | (Column 1)<br>CLAIMS   | 1 1 2 2 2 2 2 2 2 2       | (Colui        |                     | (Column 3)       | 1                        | SMA      | LL            | ENTITY                 | OR       | SMALL               | ADDI-                  | 1  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT                                |                           | NUM<br>PREVIO | BER                 | PRESENT<br>EXTRA |                          | RAT      | Έ             | ADDI-<br>TIONAL<br>FEE |          | RATE                | TIONAL<br>FEE          |    |
|   | Total   | .88  | Minus                     | 8             | 8                   | <u>-</u> —       |                          | X\$ 9    | )=            |                        | OR       | X\$18=              |                        |    |
|   | Independent                                       | .3   | Minus                     | ن             | 3                   | =                |                          | X40      | )=            |                        | OR       | X80=                |                        | 1  |
| L   | FIRST PRESE                                       | NTATION OF MI  | JETIPLE DEF               | ENDEN.        | T CLAIM             |                  | ֡֞֞֞֞֞֞֞֞֞֞֞֡֞֞֡֞֞֡֞֞֡֞֡ | +135     | 5=            |                        | OR       | +270=               |                        | ]_ |
| TOTAL   |   |  |                           |               |                     |                  |                          |          |               |                        | OR       | YOYAL<br>ADDIT, FEE |                        | 1  |
| —ADDIT, FEEOH ADDIT, |   |  |                           |               |                     |                  |                          |          |               |                        |          |                     |                        | 1  |
| <b>—</b>  |   | CLAIMS   |                           | HIGH          | IEST                |                  |                          | RATE     | ADDI-         | <b>AL</b>              | RATE     | ADDI-               | 1                      |    |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT                                | 5 /2<br>2 / 1 / 1         | PREVI<br>PAID | DUSLY               | PRESENT<br>EXTRA |                          |          | TIONAL<br>FEE |                        |          | TIONAL<br>FEE       |                        |    |
|   | Total   | *  | Minus                     | **            |                     | -                |                          | X\$ 9    | )=            |                        | OR       | X\$18=              |                        | 1  |
|   | Independent                                       |  | Minus                     | ***           |                     | =                |                          | X40      | =             |                        | OR       | X80=                |                        | 1  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |  |                           |               |                     |                  | ]                        | .120     |               |                        | -        | +270=               |                        |    |
| +135=<br>TOTAL  |   |  |                           |               |                     |                  |                          |          |               |                        | OR<br>OR | TOTAL               | <u>.</u>               | ł  |
|   | ADD   |  |                           |               |                     |                  |                          |          |               |                        | IOH      | ADDIT. FEE          |                        | 1  |
| _   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST : |  |                           |               |                     |                  |                          |          |               | 4504                   | 1        |                     | 4001                   | -  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT                                |                           | NUM<br>PREVI  | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | ,<br>,                   | RAT      | Ę             | ADDI-<br>TIONAL<br>FEE | _        | RATE                | ADDI-<br>TIONAL<br>FEE |    |
|   | Total   | •  | Minus                     | ••            |                     | =                |                          | X\$ 9    | )=            | 77. 4.                 | OR       | X\$18=              |                        |    |
|   | Independent                                       | •  | Minus                     | ***           |                     | =                | ]-                       | X40      | _             |                        | OR       | X80=                | •                      | 1  |
| الـُـ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |  |                           |               |                     |                  |                          | +135     | =             |                        | OR       | +270=               |                        | 1  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |  |                           |               |                     |                  |                          |          |               |                        | OR       | TOTAL               |                        | 1  |
|   | If the "Highest No                                | mber Previously Pr<br>mber Previously Pa<br>ber Previously Pai | aid For IN THI            | S SPACE       | is less tha         | ın 3. enter "3." |                          | ADDIT. I |               | orooriate bo           | •        | ADDIT. FEE          | <u> </u>               | 1  |
|   | ine "Highest Nun                                  | noer Previously Par  | u ror (lomalo             | unabeuc       | tern'i i 2 nye      | inginasi nunc    | -GI 104                  |          | الات ب        | y. 4911410 DO          |          |                     |                        |    |